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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	RCA88696
First Named Inventor	Sheila Renee Crosby
COMPLETE IF KNOWN	
Application Number	09/486,545
Filing Date	February 28, 2000
Group Art Unit	
Examiner Name	

As a below named Inventor, I hereby declare

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM AND METHOD FOR NAVIGATING WITHIN A DISPLAY HAVING DIFFERENT DISPLAY SECTIONS

the specification of which *(Title of the Invention)*

Is attached hereto

138
OR

was filed on (MM/DD/YYYY)

February 28, 2000

as United States Application Number or PCT International

Application Number 09/486,545 **and was amended on** (MM/DD/YYYY) _____ **(if applicable).**

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/056,691	08/28/97

Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:

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PTO/SB/02A (3-97)

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Steven Todd		Barlow						
Inventor's Signature							Date	
Residence: City	Raleigh	State	NC	Country	USA	Citizenship	USA	
Post Office Address	5713 Dutch Creek Drive							
Post Office Address								
City	Raleigh	State	NC	ZIP	27606	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Robert John		Strong						
Inventor's Signature	<i>Robert John Strong</i>						Date	<i>04-11-00</i>
Residence: City	Arlington	^{EJ} HEIGHTS	State	IL	Country	USA	Citizenship	USA
Post Office Address	200 North Arlington Heights Road 409 N EVERGREEN AVE #1 RJS							
Post Office Address								
City	Arlington	State	IL	ZIP	60004	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Inventor's Signature							Date	
Residence: City		State		Country		Citizenship		
Post Office Address								
Post Office Address								
City		State		ZIP		Country		

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DECLARATION—Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)	
PCT/US98/17570	08/25/98		
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.			
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:			
<input type="checkbox"/> Customer Number _____ → <input type="checkbox"/> Place Customer Number Bar Code Label here <input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below			
Name	Registration Number	Name	Registration Number
TRIPOLI, Joseph S.	26,040		
SHEDD, Robert D.	36,269		
LIAO, Frank Y.	40,065		

<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.			
Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label _____ OR <input checked="" type="checkbox"/> Correspondence address below			
Name	JOSEPH S. TRIPOLI - PATENT OPERATIONS		
Address	PO BOX 5312 - 2 INDEPENDENCE WAY		
Address			
City	PRINCETON	State	NJ
Country	USA	Telephone	609-734-9400
		Fax	609-734-9700

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle if any)	Family Name or Surname				
Sheila Renee	Crosby				
Inventor's Signature				Date	8/24/00
Residence: City	Crystal Lake	State	IL	ZIP	08543
Post Office Address	1600 ERIC LANE				
Post Office Address					
City	LIBERTYVILLE	State	IL	ZIP	60048
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto					

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Given Name (first and middle [if any])		Family Name or Surname					
<u>Steven Todd</u>		<u>Barlow</u>					
Inventor's Signature	<u>D Steven J. Barlow</u>						Date <u>3-28-2000</u>
Residence: City	Raleigh	State	NC	Country	USA	Citizenship	USA
Post Office Address	5713 Dutch Creek Drive						
Post Office Address							
City	Raleigh	State	NC	ZIP	27606	Country	USA
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Given Name (first and middle [if any])		Family Name or Surname					
<u>Robert John</u>		<u>Strong</u>					
Inventor's Signature							Date
Residence: City	Arlington	State	IL	Country	USA	Citizenship	USA
Post Office Address	200 North Arlington Heights Road						
Post Office Address							
City	Arlington	State	IL	ZIP	60004	Country	USA
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Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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